Integrating Gender-Based Violence Response into Family Planning and Reproductive Health Service Delivery

—Day 1—

পরিবার পরিকল্পনা অধিদপ্তর

Module 0
Introduction to Training

MODULE 0 | SESSION A

Introductions, Group Norms, and Pre-Test

Overall Goal of Training

Advance knowledge and skill set of family planning (FP) and sexual and reproductive health (SRH) service providers to address gender-based violence (GBV) and provide GBV-responsive care within FP/RH service interactions.

Learning Outcomes

- Gain greater understanding and knowledge of gender norms, dynamics, equity, and their role in GBV.
- Gain a greater understanding of how GBV manifests in FP and SRH service provision and uptake.
- Increase knowledge of how GBV is relevant to FP services, including GBV risk identification and analysis.
- Gain skills to mitigate and respond to GBV threats within the context of FP and sexual and reproductive health and rights (SRHR) activities.
- Master skills required to deliver the first three steps of the LIVES pneumonic for disclosure response.
- Gain knowledge on how to refer GBV survivors to appropriate service providers/facilities in a safe and ethical way.
- Develop skill sets to manage GBV case recording and reporting during FP and SRH service provision.

Module 1
Understanding Gender and GBV

MODULE 1 | SESSION A

Understanding Gender in FP Services

What You Can Expect to Learn

Gain clear concepts of gender, gender equity and equality, and their impact on power and violence.

What Does Gender Mean to You?

Turn to a person near you and share reflections based on these three questions:

1. **Share a time when you became aware of your gender.**
2. **Describe a time when you felt happy about your gender.**
3. **Has there been a time when you felt scared, discriminated against, or sad because of your gender?**

Definition of Gender

Gender is about the roles, norms, and behaviors that society consider appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed and vary widely within and across cultures, religions, class, and ethnicity. For example, in many societies a common gender norm is that women and girls should do most of the domestic work.

Source: Pathfinder International

It’s not fair or equal…

WOMEN ARE **HALF** THE WORLD’S POPULATION.

YET, WOMEN LIVE WITH A **3X GREATER** LIFETIME EXPERIENCE OF GENDER-BASED VIOLENCE. IN LOW AND MIDDLE INCOME COUNTRIES, GENDER DISCRIMINATION RESULTS IN AN ESTIMATED **3.9 MILLION EXCESS DEATHS** AMONG WOMEN AND GIRLS BY THE AGE OF 60.

Source: World Bank

Let's Try a Gender Quiz

Please read each statement below carefully. Then check the appropriate box to answer the question:

Does this issue relate to <u>sex</u> or does it relate to <u>gender</u>?

	Tick the correct box	
	Gender	Sex
Women must consume extra calories and safe water during lactation.		
It is a man's responsibility to protect his family's honor.		
Female-bodied people will need resources and space to enable optimal menstrual hygiene.		
Women and girls have a responsibility to ensure they don't get pregnant or have sex before they are married.		

Understanding the Difference Between Sex and Gender

Gender	Sex
Socially constructed roles, responsibilities, and attitudes (e.g. division of labor)	Physically, biologically defined
Gender rules and regulations are learned/imposed; we build it in our own minds	Determined by birth; we are born with it
Differences in dress and behavior	Determine our physical functions
Differences between and within cultures, includes variables identifying differences in roles, responsibilities, attitudes, opportunities, expectations, needs, and constraints	Same throughout the world
Changeable over time	Generally unchangeable

Key Terms

Gender Norms

What society considers male and female behavior, leading to the formation of gender roles, which are the roles men and women, and boys and girls, are expected to take in society.

Gender Awareness

An awareness of the differences in roles and relations between women and men. It recognizes that the life experiences, expectations, and needs of women and men are different, varying across the culture and society.

Gender Equity

The absence of discrimination based on a person's sex or gender. Gender equity means providing the same opportunity to each person, including access to and control of social, economic, and political resources, including protection under the law, such as health services, education, and voting rights.

Key Terms *continued*

Gender Discrimination

Any distinction, exclusion, or restriction made on the basis of socially constructed gender roles and norms, which prevents a person from enjoying full human rights.

Gender-Related Barriers

Obstacles to access and use of health services, which are related to deep-rooted social and cultural norms about the roles of women, men, and those with diverse gender identities.

Gender-Based Violence (GBV)

Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. This includes threats or acts of coercion, arbitrary deprivation of liberty, neglect, or discrimination, whether occurring in public or in private life. GBV encompasses physical or sexual assault, emotional or psychological harm, denial of resources or access to services, and denial of legal self-autonomy.

Understanding Gender and Power

Power is the capacity or ability to direct or influence the behavior of self, others, or the course of events.

Power Over: an individual or institution's degree of power translates to their capacity to exploit others, *regardless of intention or action to do so.*

Power To: an individual or institution's capacity to create without using relationships of domination. The capacity to act and to exercise agency and realize the potential of goals, rights, or aspirations.

Power Within: a person's sense of their own capacity and self-worth. It is related to the productive sense of 'power to' and a prerequisite to holding or increasing one's 'power to.'

Power With: collective power within, to, or over that comes from intentional solidarity amongst individuals or groups. This collective power can be mobilized both within and across class, caste, religious, gender and age differences.

Power and GBV

Case Study 1: Rahima

For Group Discussion

- What elements of Rahima's story demonstrate the common gender norms and expectations in your communities?
- Do you see examples of the men and women in Rahima's story having different levels or different types of power?
- Do you think that gender norms and gender-specific power influences the FP choices in Rahima's story? Why or why not?
- Do you see examples of GBV in Rahima's story? Why or why not?

MODULE 1 | SESSION B

Gender Relevance in FP Success and Failure

What You Can Expect to Learn

- Gain insights into gender role in FP success and failure, including how failure can be transformed into a success story.
- Be able to articulate the relevance of gender discrimination and GBV to optimize FP and SRH services.

Questions to Assess How Gender Affects FP and RH Outcomes

Question	Answer
Are there gender constraints around who has the authority to access FP/RH services?	
Who in the couple makes FP decisions?	
Do women need permission from husbands/in-laws to seek an FP method for themselves?	
Are there gender norms that affect men's or women's perception of using FP?	
Are there gender norms that affect men's or women's use of FP and RH services?	
Are there unequal decision-making abilities between men and women about whether and when to seek FP and RH services?	
Are there gender differences in who is accessing FP and RH services?	
Are there broader, systematic barriers affecting men and women accessing FP and RH services?	
Is there accessible, relevant, and accurate information about FP and RH tailored to young men?	
Do FP and RH service providers treat men and women equally?	
Do FP and RH facility- and/or community-based providers facilitate male involvement?	

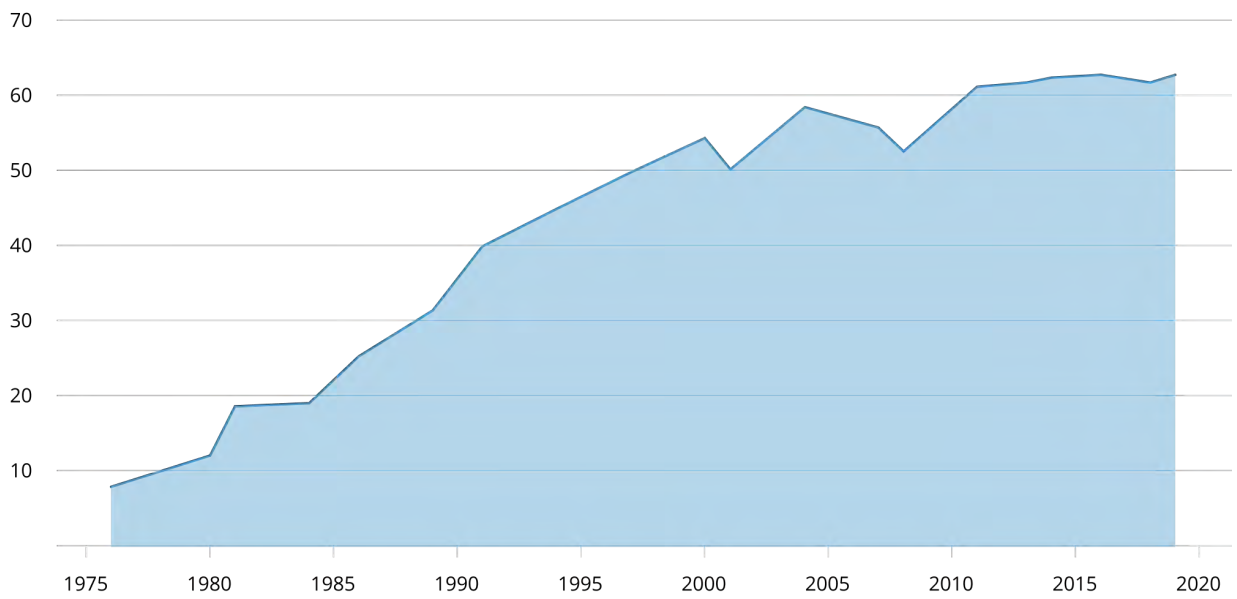
The Power of FP for Women and Development

"Investing in family planning is a development 'best buy' that can accelerate achievement across the 5 Sustainable Development Goal themes of People, Planet, Prosperity, Peace, and Partnership."

Source: Ellen Starbird, Maureen Norton, and Rachel Marcus. "Investing in Family Planning: Key to Achieving the Sustainable Development Goals," Global Health: Science and Practice, 2016 Jun 20; 4(2): 191–210.

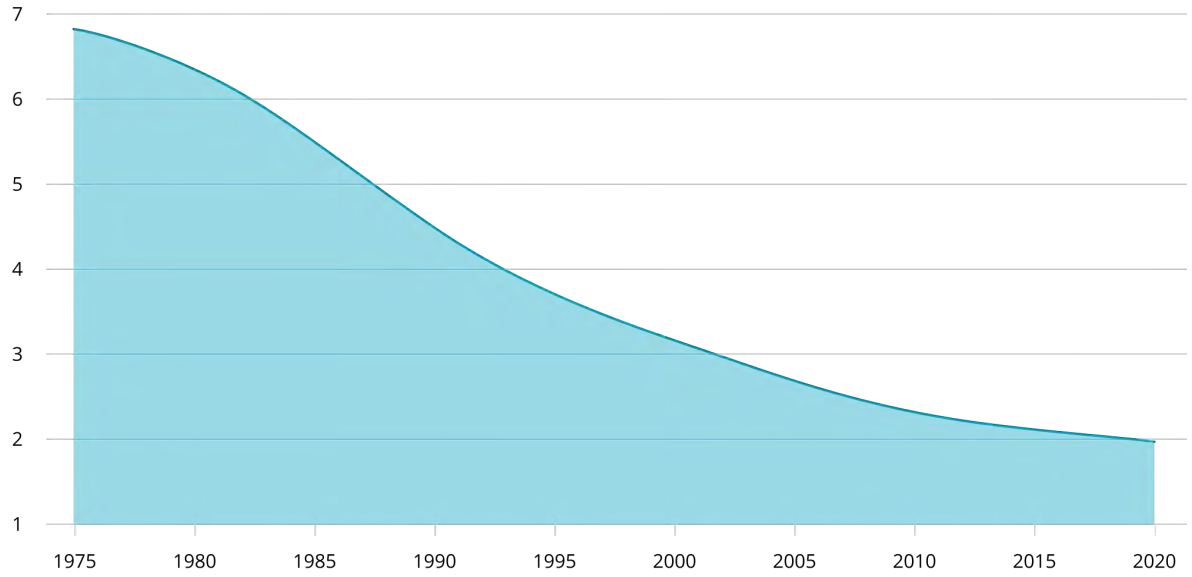
Bangladesh has achieved historic progress in expanding access to voluntary contraception for nearly half a century.

Increase in Contraceptive Use



Sources: Household surveys, including Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys, largely compiled by United Nations Population Division.

Decrease in Total Fertility Rate



Sources: (1) United Nations Population Division, World Population Prospects: 2019 Revision; (2) Census reports and other statistical publications from national statistical offices; (3) Eurostat: Demographic Statistics; (4) United Nations Statistical Division, Population and Vital Statistics Report (various years); (5) U.S. Census Bureau: International Database; and (6) Secretariat of the Pacific Community: Statistics and Demography Programme.

Bangladesh's Historic FP Progress

- One of the **oldest family planning programs** in the world (launched 1953).
- In less than 50 years, **percentage of married women** of reproductive age who are **using family planning increased sevenfold**.
- Today, **contraceptive prevalence rate** is **62 percent**, and 52 percent of women are using modern contraceptive methods.*
- GOB and DGFP has **strong commitment** and **farsighted vision** for FP program.

Source: BDHS 2017–2018

Opportunities for Progress

- **Address high rates of discontinuation:** 37% of contraceptive users stop their selected method within 12 months.
- **Improve service quality and method mix:** only 9% of currently married women are using a long-acting or permanent method.
- **Address unmet need among adolescents:** 16% of adolescents ages 15–19 have an unmet need for FP, compared to 5% among women at the end of their childbearing years (45–49)
- **Improve services offered to women who were or are child brides:** Nearly one-third (31%) of women ages 20–49 report that they had married by age 15.

Source: BDHS 2017–2018

Case Studies 2–5: Hena, Nazma, Rani, and Mr. Hossain

For Group Discussion

- How does gender influence the power of the people in the story?
- Where do see gender and power helping achieve good FP and SRH?
- Where do you see gender and power being a barrier to good health?

Other Relevant Barriers

- Stock outs
- Lack of funding
- Lack of skilled service providers
- Distance to health service point
- Misinformation in communities
- Opportunity costs
- Service provider bias
- Legislative and legal barriers
- Cultural norms and traditions

Module 2
Foundations in GBV

Understanding and Conceptualizing GBV

What You Can Expect to Learn

- Be able to articulate the many different forms and manifestation of GBV.
- Understand how GBV is an intersectional issue that can affect anyone regardless of age, marital status, or economic class.
- Be able to communicate the health risks and impacts suffered by those living with GBV.

Unpacking GBV

Gender-Based Violence (GBV)

Any act perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses:

- Threats of violence and coercion
- Physical or sexual assault
- Emotional or psychological harm
- Denial of resources or access to services
- Denial of legal self-autonomy
- It inflicts harm on women, girls, men and boys.

Violence Against Women & Girls (VAWG)

Any act based on gender norms or unequal power dynamics that results in, or is likely to result in, physical, sexual, or mental harm to *women*, including threats, coercion, or arbitrary deprivation of liberty—whether occurring in public or in private life. It includes:

- Intimate partner violence
- Sexual assault and rape
- Female genital cutting
- Reproductive coercion
- Forced marriage
- Trafficking
- Denial of education, financial, and legal services

Forms and Manifestations of GBV

PHYSICAL

Hitting, beating, burning, cutting

Trafficking

Acid attacks, honor killings

SOCIAL

Discrimination, and/or denial of opportunities

Denial of education

Denial of inheritance and/or property rights

EMOTIONAL/PSYCHOLOGICAL

Abuse, Humiliation

Confinement/Isolation

Intimidation/Threats

Blame for uncontrollable outcomes

SEXUAL

Forced Marriage

Sexual Exploitation/Forced Prostitution

Rape*

Harassment

Female Genital Cutting

Reproductive Coercion

A complex form of VAWG that can be perpetrated using physical, sexual, psychological and/or social violence—most commonly perpetrated through a combination of these forms.

Examples:

- Repeated shaming and blaming of a woman until she gives birth to a son
- Forcing a women or girl to undergo menstrual regulation to avoid pregnancy
- Throwing away contraceptive pills or condoms
- Using a pin to put holes in condoms
- Denying a women freedom of movement and/or access to resources to access family planning

National GBV Prevalence

VAW in Bangladesh Facts

2017 study | A total 1,143 victims

- 63.78% belonged to the age group of 16–30 years, 19.16% belonged to the age group of 1– 15 years.
- 71.91% were married, and 25.63% were unmarried.
- 60.37% were housewives, followed by others (11.46%), students (11.11%) and maid servants (10.85%).
- Most of the perpetrators were husbands (64.65%), followed by the known person (14.00%), neighbors 26 (13.30%), lovers (3.15%), house master and mistress (2.62%), in-laws and others (2.27%).

Report on VAW Survey 2015

- 72.6 % of ever-married women experienced violence by their husband at least once in their lifetime.
- 27.8% of women reported lifetime physical violence by someone other than their husband.
- The lifetime rates of emotional and sexual violence are 28.7% and 27.2%, respectively.

UN Special Declaration

Article 1: For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 4: States should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence

National Laws and Commitments

- In 2014, Bangladesh committed to ending child marriage in the country by 2041.
- Multiple facets of the penal code provide for severe punishment in cases of specific forms of GBV, including acid attacks, femicide to gain new or increased dowry, and denial of child custody.
- Signatory to international conventions include ICPD and the UN Special Declaration against Violence against Women.
- Marital rape is exempt from legal prosecution excepting cases where the wife is below age 13.

MODULE 2 | SESSION B

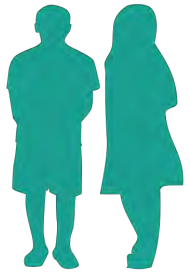
GBV Risk Analysis in FP and SRHR

What You Can Expect to Learn

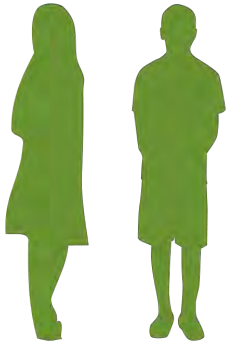
- Recognize and communicate GBV impacts across the life cycle.
- Identify verbal and non-verbal cues that an FP and SRH client is high risk for current GBV.

LIFE CYCLE APPROACH

4–10 years



Adolescent
10–14 years



Adolescent
15–19 years

0–2 years

Newly married
couple

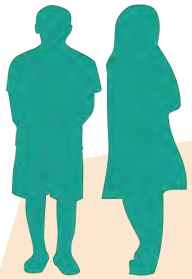
Couple who have
completed family

Postpartum couple

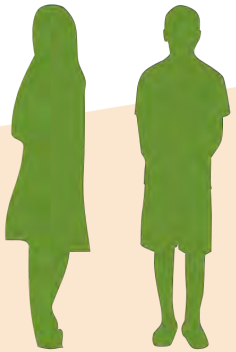
Pregnant woman

GBV IN FP AND SRH ACROSS THE LIFE CYCLE

4–10 years



Adolescent
10–14 years



Adolescent
15–19 years

- Denial of access to education
- Sexual violence
- Restriction on movement to reach services
- Reproductive coercion
- CEFMU

0–2 years

Newly married couple

- Son preference
- Contraceptive sabotage
- Other repro coercion
- Restriction of movement
- Coercion to prove fertility

- Intimate partner violence
- Denial of resources to access care
- Reproductive coercion

Couple who have completed family

Postpartum couple

Pregnant woman

- Obstetric violence
- Intimate partner violence
- Denial of resources to access care
- Forced repeat pregnancy
- Forced menstrual regulation

GBV Impacts Across the Life Cycle

- **Mental health impacts**: e.g., depression, anxiety, flashbacks, substance abuse, suicide ideation
- **Sexual and reproductive health impacts**: e.g., unintended pregnancy, HIV, STIs, cervical cancer, miscarriage, pre-term labor, stillbirth
- **Physical impacts**: e.g., broken bones, contusions, internal bleeding, malnourishment, death
- **Social impacts**: e.g., school dropout, unemployment, isolation, limited contribution to civil society, poverty

Women living with intimate partner violence are:

TWICE as likely
to experience depression

16% more likely
to have a low-birth-weight baby

1.5x more likely to acquire chlamydia, gonorrhea, and HIV

38% of all murders of women were committed by their intimate partners

Source: WHO, *Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition* (Geneva: 2021).

What Can GBV Look Like in FP and SRH?

- A woman in the postpartum ward who waits until her mother-in-law has gone outside to ask about PPFP
- A FP client who frequently has bruises on her face or wrists when she comes for refill appointments
- An adolescent girl who doesn't speak for herself when brought by a parent for MR
- A FP client who asks if there are options that her husband cannot throw away
- An IUD client who returns with her partner soon after insertion asking for removal

Living with GBV is different for everyone! Never force a disclosure. Never assume someone is immune to GBV.

MODULE 2 | SESSION C

Male Engagement in GBV Prevention Awareness

What You Can Expect to Learn

- Clarify concepts around male engagement in GBV prevention awareness, including pros and cons, challenges and successes, and evidence.

Male Engagement in GBV Prevention

"Engaging men and boys as users, supportive partners, and agents of change improves health outcomes. More specifically, engaging men in FP/RH programs has been successful in decreasing unintended pregnancies, improving maternal health, reducing sexually transmitted infections (STIs) and HIV/AIDS, and better meeting the needs of youth."

Source: Breakthrough ACTION

Potential Role of Male Engagement to Improve Women's FP and SRHR Status

Benefits of Male Engagement in SRHR

- Male engagement can reduce the spread of STIs, HIV and AIDS.
- Male engagement can lessen the ill effects of men's risky sexual behavior on the health of women and children.
- Men and husband, in most cases, approve of FP.
- Men make decisions that affect women's and men's health.
- Men can gain awareness that gender affects sexual behavior, reproductive decision-making, and reproductive health.
- Male engagement can help meet demands from women for more involvement.
- It provides opportunities for men to promote better RH, and they can play a role.
- As individuals, men benefit from intentional family building and chosen timing and spacing of children.
- As family members, men honor their responsibilities to care for their wives and children by only having children and when safe and healthy for the family.
- As community leaders and policymakers, men support strong, thriving communities by encouraging intentional FP and health timing and spacing of pregnancies.

Risks of Male Engagement in SRHR

- Already imbalanced power over fertility and health decisions
- More attention to men in limited resource setting (human resource, logistics, and client time) can result in unintentional pulling of resources away from women- and girl-centered outreach and services.

Key Things to Learn about Involving Men in FP

- Engaging men in FP is a personal issue.
- Check your assumptions.
- Understand power dynamics.
- Own the reality: for better or for worse, men are involved.
- Men are underserved, yet many want to be engaged fathers and supportive partners.
- Men are FP clients and users in their own right.
- Don’t count men out of health services.
- Providers need to think about social norms too.
- Address men even when they are not present.
- Reach men where they are, through their networks.
- Men can and do participate positively in FP.
- When done right, involving men in FP can yields significant benefits for women and families.

In Safe Motherhood and SRHR,

Men play many key roles, their decisions and actions make a difference during

- Pregnancy
- Delivery
- Postpartum period

Men: Full Partners and Advocates for Good Reproductive Health

- Reaching men is a winning strategy. **Yes / No**
- To encourage sexual responsibility. **Yes / No**
- To foster men's support of their partners' contraceptive choices. **Yes / No**
- To address the reproductive health care of couples. **Yes / No**
- Men play dominant roles in decisions. **Yes / No**
- Men are more interested in family planning than assumed. **Yes / No**
- Need communication and services directed specifically to them. **Yes / No**
- Understanding-and influencing-the balance of power is important. **Yes / No**
- Couples who talk to each other reach better, healthier decisions. **Yes / No**

MODULE 2 | SESSION D

Understanding GBV in FP and SRH for Adolescents and Youth

What You Can Expect to Learn

- Be able to articulate the risks and impacts of child, early, and forced marriage and unions (CEFMU) and GBV among young people.
- Understand how national laws impact FP and RH service provision for CEMFU-involved clients.

Adolescent and Youth SRHR and CEFMU

Terms and Definitions

Adolescents: 10–19 years

Youth: 15–24 years

Young People: 10–24 years

Child, Early, and Forced Marriage and Unions (CEFMU)

Child and early marriage is any marriage in which one of the parties involved is below the age of 18. Forced marriage and unions refer to any union in which one party did not consent—regardless of their age. This term includes both formal, legal marriages, and as well informal union and cohabitation.

Comprehensive SRHR Services for Young People

- Provision of a full range of contraceptive information and supplies, including emergency contraceptives
- Counseling and information services on FP, pregnancy, and the prevention and treatment of STIs and RTIs
- Basic equipment for provision of reproductive health services (e.g.: FP, antenatal care, laboratory testing for STIs/RTIs)
- Services that cater to interrelated issues, such as mental health, nutrition, sexual abuse, and GBV
- Capacity to accommodate the needs of young people with special needs
- Referral system

Concept of Child Marriage

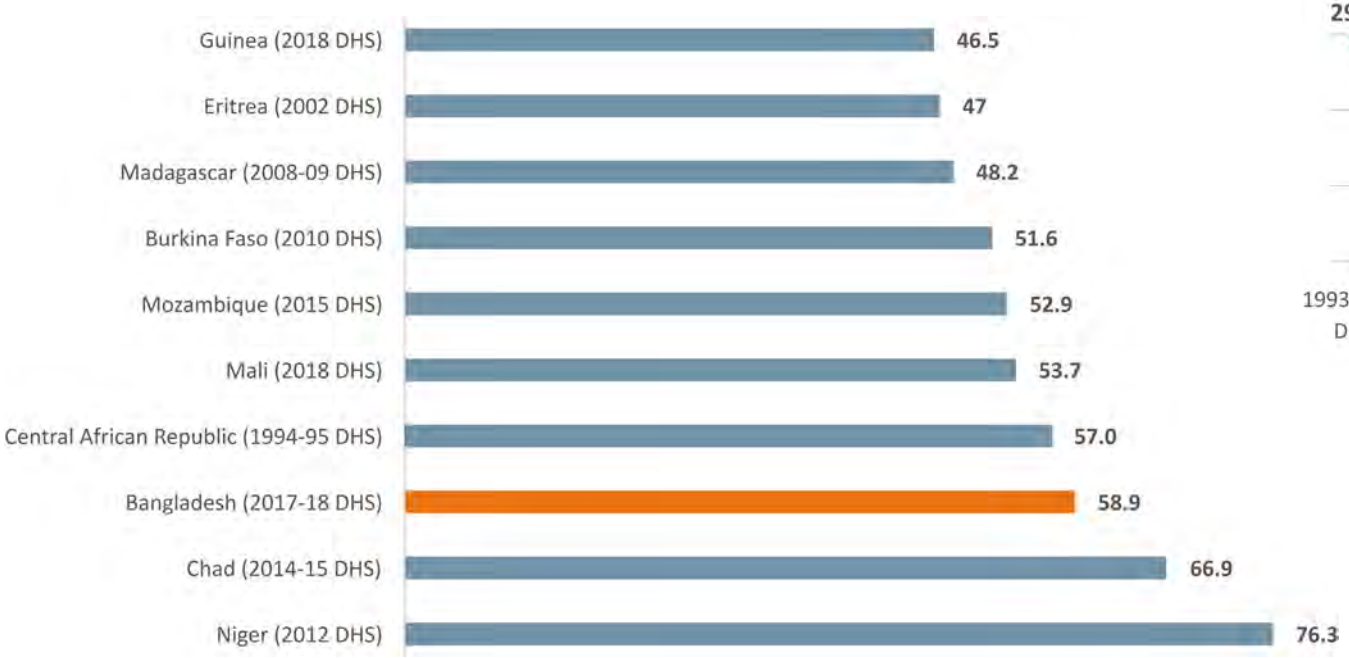
According to BDHS 2017–18, 71% of women ages 20–49 were married by age 18, and nearly one-third (31%) of women 20–49 reported that they had married by age 15.

Bangladesh's Child Marriage Restraint Act, 2017 (CMRA) repealed the earlier British law of 1929. The Act sets the minimum age of marriage for a male as 21 years and for a female as 18 years. This refers to both formal marriages and informal unions in which children under the age referred with a partner as if married.

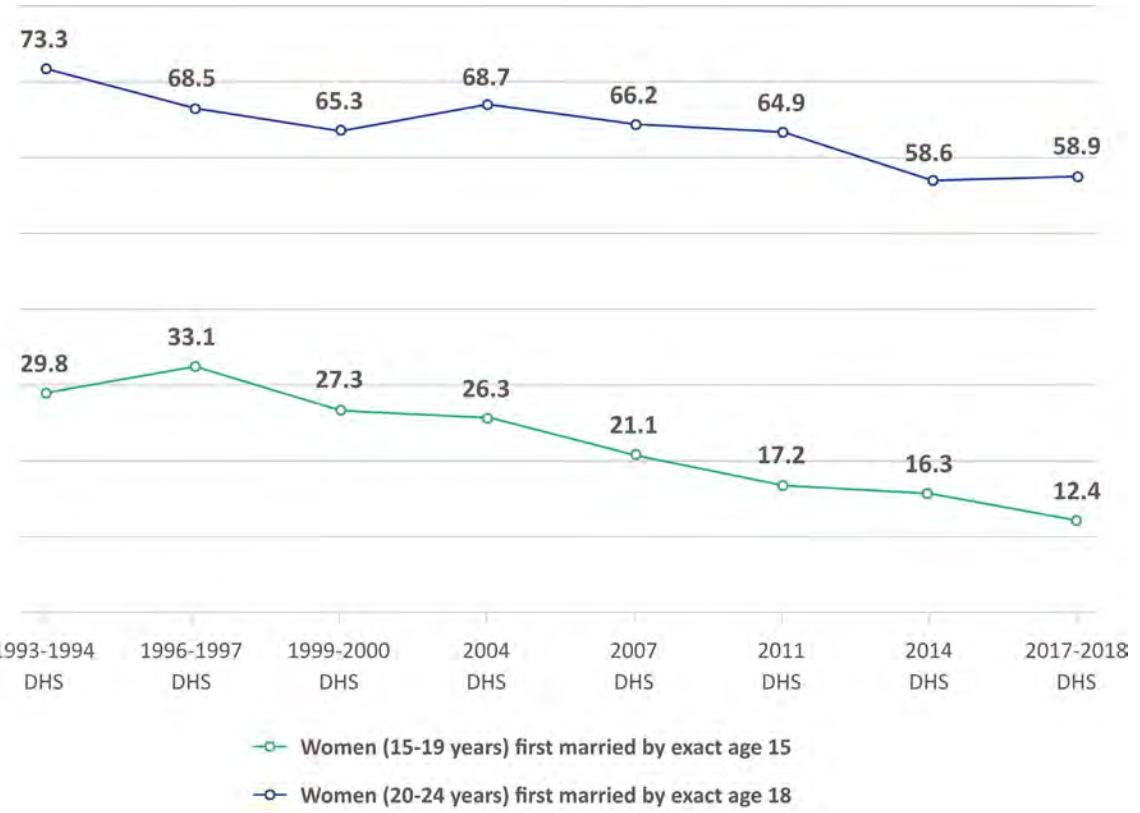
To address the child marriage situation of the country, the Honorable Prime Minister of Bangladesh made the following commitments in July 2014:

- Create a National Plan of Action by the end of 2014 (prepared in 2018);
- Revise the Child Marriage Restraint Act 1929 (revised in 2017);
- End the marriage of under 15-year-olds and reduce by one third child marriage under 18 years by 2021
- Eradicate child marriage from the country by 2041.

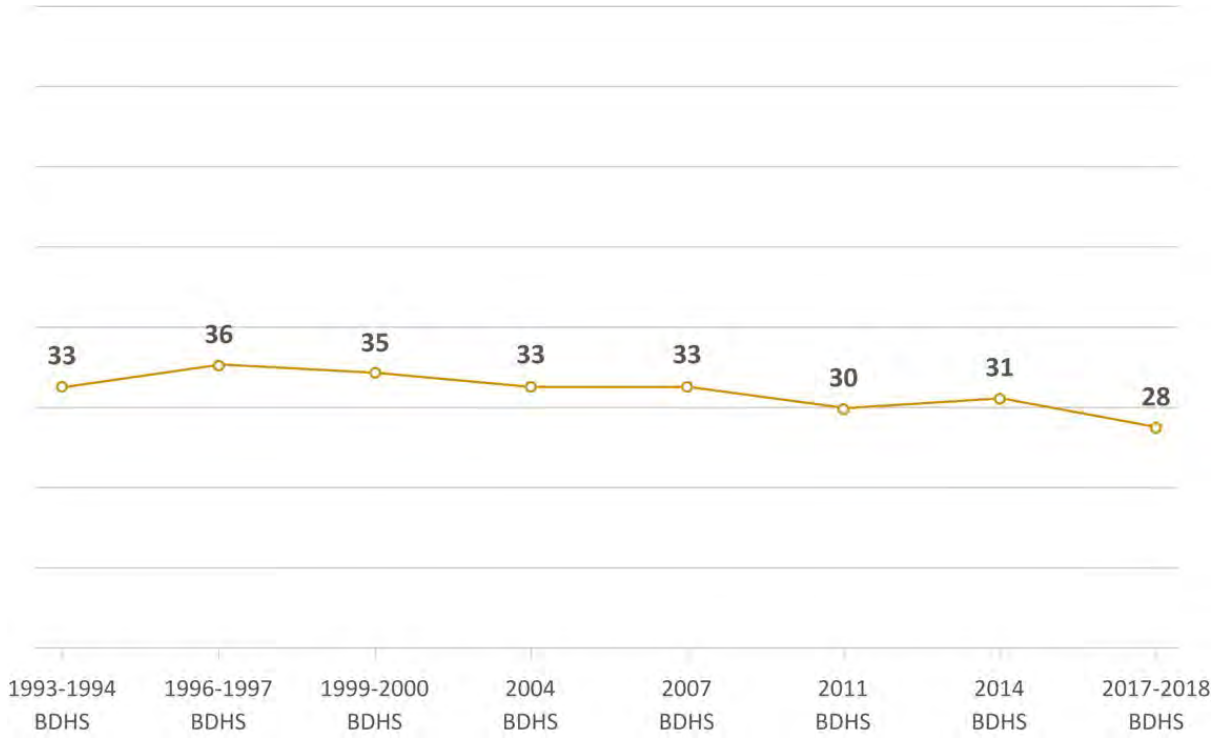
% of Women (20–24 years) First Married by Exact Age 18: Top Ten Countries



Trends (%) of Child Marriage in Bangladesh, 1993–2017



Teenage Childbearing in Bangladesh



Drivers of Adolescent Childbearing

- Social stigma and poverty.
- After giving birth, the status of girls' and boys' (wife and husband) may improve.
- Lack of girls' individual identity/ empowerment/agency.
- Barriers to contraceptive access and use among adolescent girls (unmet needs).
- Misconceptions around contraception.
- Familial and social pressure, and insecurity.
- Presumptions of infidelity and/or extra marital relationship.

Let's make a list of the SRHR service needs of adolescents and youth

Type of service needs	Most common	Sometimes	Rare Need	GBV as Driver — Y/N
Malnutrition				
General health problems (e.g.: viral infection, bacterial illness, asthma, UTI)				
Menstrual problems				
Mental health issues (e.g.: depression, anorexia, sexual identity questions)				
Contraception				
Emergency contraception & menstrual regulation				
Sexually transmitted infection				
Addictive behaviors				
Physical trauma (e.g: broken bones, contusions, lacerations)				
Sexual abuse and assault response				

Case Studies 6–8: Meena, Parvin, and Khadija

To Present in Plenary

- Key facts of the vignette
- How was the case was first noticed in the FP/SRH clinic?
- What are your gender- and GBV-relevant observations?
- What are the solution points you considered—to handle the case?

Values Clarification

Vote with Your Feet

- There is no right answer
- Be prepared to share why you have placed yourself where you have
- Power dynamics, values, and beliefs are complicated

Key Takeaways

- Gender is socially constructed and gives everyone habits, values, biases, and assumptions.
- GBV affects 2 in 3 women in Bangladesh and has significant impacts on FP and SRH outcomes.
- People from all walks of life and of all ages experience GBV.
- Reproductive coercion is GBV.
- Addressing GBV is something men and women can and should tackle together.

Questions?

Thank you!

USAID
FROM THE AMERICAN PEOPLE

Shukhi Jibon

PATHFINDER